FEB 27 2006 W

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ction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Paperwork Res 09/825,366 Application Number Filing Date April 4, 2001 TRANSMITTAL First Named Inventor **FORM** Ronald Z. SZOC et al. Art Unit 3624 (to be used for all correspondence after initial filing) **Examiner Name** Jagdish PATEL Attorney Docket Number 06133.0003.NPUS01 11 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final **Provisional Application** Power of Attorney, Revocation Change of Correspondence Address Status Letter Affidavits/declaration(s) Other Enclosure(s) (please Identify **Extension of Time Request** Terminal Disclaimer below): Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name HOWREY LLP Signature

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| Effective on 12/08/2004.   |   |                      |                                       |            | Complete If Known                     |                     |                  |                           |  |
|--|---|----------------------|---------------------------------------|------------|---------------------------------------|---------------------|------------------|---------------------------|--|
| Fees pursuant to the Consolid  |   |                      |                                       | 8). Appl   | ication Number                        | 09/825,366          | 5 <u> </u>       | FFB 2 7 2006              |  |
| FEE TRANSMITTAL  |   |                      |                                       |            | Date                                  | April 4, 200        | 01               | 2                         |  |
| for FY 2005  |   |                      |                                       |            | Named Inventor                        | Ronald Z. SZOC et a |                  |                           |  |
| 10r F 1 2005   |   |                      |                                       |            | Examiner Name Jagdish PATEL           |                     |                  |                           |  |
| Applicant claims small entity status. See 37 CFR 1.27  |   |                      |                                       |            | Art Unit 3624                         |                     |                  |                           |  |
| TOTAL AMOUNT OF PAYMENT (\$)1,020.00   |   |                      |                                       | Atto       | ney Docket No.                        | 06133.000           | 3.NPUS0          | 1                         |  |
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| FEE CALCULATION  |   |                      |                                       |            |                                       |                     |                  |                           |  |
| 1. BASIC FILING, SEA   | RCH, AND  | EXAMINA              | ATION FEE                             | S          |                                       |                     | •                |                           |  |
| FILING FEES 🗶  |   |                      | <b>⊁</b> SE                           | EARCH F    | EES                                   | EXAMINATIO          | EXAMINATION FEES |                           |  |
|  |   |                      | _                                     | 401        | Small Entity                          | _                   |                  | Face Daid (A)             |  |
| Application Type   |   |                      | · · · · · · · · · · · · · · · · · · · |            |                                       |                     |                  | rees Paid (\$)            |  |
| Utility  |   |                      |                                       |            |                                       |                     |                  |                           |  |
| Design   |   |                      |                                       |            |                                       |                     |                  |                           |  |
| Plant  |   |                      | _                                     |            |                                       |                     |                  | <u> </u>                  |  |
| Reissue  |   |                      | _                                     |            |                                       |                     | •                |                           |  |
| Provisional  |   | 100                  |                                       | 0          | Ü                                     | Ü                   | -                | Profit Entity             |  |
| 2. EXCESS CLAIM FEE Fee Description  | 23  |                      |                                       |            |                                       |                     | _                | <del></del>               |  |
|  | Small Entity   Fee (\$)   Fee (\$) |                      |                                       |            |                                       |                     |                  |                           |  |
| Each independent claim over 3 (including Reissues)   |   |                      |                                       |            |                                       |                     |                  |                           |  |
| Multiple dependent clair   |   | Ü                    | ,                                     |            |                                       |                     |                  |                           |  |
| Total Claims   |   |                      |                                       |            | <u>id (\$)</u>                        | <u>N</u>            |                  |                           |  |
| - 20 or HP   |   |                      |                                       | ·          | <del></del>                           |                     | <u>ree (\$)</u>  | ree Paid (\$)             |  |
| Indep. Claims  | •   | _                    |                                       | Fees Pa    | id (\$)                               | _                   |                  |                           |  |
| - 3 or HP :  |   | <u>uu</u><br>X       |                                       |            | <u></u>                               |                     |                  |                           |  |
| HP = highest number of indepe  |   |                      | ater than 3                           |            | <del></del>                           |                     |                  |                           |  |
| 3. APPLICATION SIZE  | FEE   |                      |                                       |            |                                       |                     |                  |                           |  |
| If the specification a listings under 37 CI  | and drawii  |                      |                                       |            |                                       |                     |                  |                           |  |
| sheets or fraction th  |   |                      |                                       |            |                                       | <b>,</b> , -        |                  |                           |  |
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| 4. OTHER FEE(S)  |   | _ ′′′′               |                                       | (round     | up to a whole ha                      |                     | <del></del>      | Fee Paid (\$)             |  |
| • •  | fication  | \$130 fee (+         | no small ent                          | tity disco | ount)                                 |                     |                  |                           |  |
| Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Petition for Three-Month Extension of Time (1020)  \$1,020.00              |   |                      |                                       |            |                                       |                     |                  |                           |  |
| SUBMITTED BY   | 1 -   | 1                    |                                       |            |                                       |                     |                  |                           |  |
| Signature  | V/ \  | sW/                  |                                       |            |                                       | 04                  | Telepho          | ne 202.383.6500           |  |
| Signature Registration No. 39,604 Telephone 202.383.6  Name (Print/Type) Michael J/Bell  Date February 27, 2   |   |                      |                                       |            |                                       |                     |                  | bruary 27, 2006           |  |

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